

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/24/2015
NAME OF PROVIDER OR SUPPLIER LOVING CARE AGENCY INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2647 WATERFRONT PKWY E DR STE 150 INDIANAPOLIS, IN 46214		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	<p>Initial Comments</p> <p>This was a home health agency state complaint investigation.</p> <p>Complaint #: IN001152701 Unsubstantiated: Lack of sufficient evidence.</p> <p>Survey dates: 2-23 and 2-24-15</p> <p>Facility number: 007136</p> <p>Surveyor: Deborah Franco, RN, Public Health Nurse Surveyor</p> <p>Census last 12 months: 32 Unduplicated skilled admissions 100 Active cases, skilled nursing only</p> <p>Loving Care Agency Inc was found to be in compliance with the Indiana rules for Home Health Agency licensure 410 IAC Article 17, Rules 13 and 14 as related to this complaint.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN February 26, 2015</p>	N 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE